6,1288, Houston TX 77208 Hou	N DISTRICT OF TEXAS P.O.Box uston Division)	PROOF OF CLAIM
Name of Debtors	Case Number	
X_Stage Stores, Inc., a Delaware corporationSpecialty Retailers, Inc., a Texas corporationSpecialty Retailers, Inc. (NV), a Nevada corporation	00-35078-H2-11 00-35079-H2-11 ation 00-35080-H2-11	788-62015 Creditor ID#:
*place an "x" beside the name of the Debtor you are filing against	g a claim	United States Bankruptcy Court Southern District of Texas
Name of Creditor (The person or other entity to whom the deb money or property): Total Comfort Systems	Check box if you are award anyone else a filed a proof claim relating to your claim Attach copy of statement giving particulars.	e that FILED FOR THE PROPERTY OF THE PROPERTY
Name and address where notices should be sent:  ***********************************	Check box if you have never received any notices from the bankruptcy court in this care	the Michigan 14. 14mby, Olding
300 Downtown Plaza Fairmont MN 56031-0467	X Check box if the address differs from the address or envelope sent to you by the court.	
Account or other number by which creditor identifies debto 13034	or: Check here replaces if this claim amends	a previously filed claim, dated:
1. Basis for Claim  Goods sold  Services performed  Money loaned  Personal injury/wrongful death  Taxes  Other  2. Date debt was incurred: 5-16-00, 5-1  If all or part of your claim is secured or entitled to priority, a check this box if claim includes interest or other charge additional charges.  5. Secured Claim.  Check this box if your claim is secured by collateral (in right of setoff).  Brief Description of Collateral:  Real Estate Motor Vehicle  Other All personal and intangible property of Debtor's Value of Collateral:  Amount of arrearage and other charges at time case filed secured claim, if any \$	3. If court judgment, da  4. Ses in addition to the principal amount of the course of the principal amount of the course	claim.  re an unsecured priority claim y \$ claim: s (up to \$4,300),* earned within 90 days before filing of tion of the debtor's business, whichever is earlier - 11 enefit plan - 11 U.S.C. § 507(a)(4). d purchase, lease, or rental of property or services for
	cases commenced on or after the difference of and deducted for	This Space is for Court Use Only

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INVOICE NO. REFERENCE NO. DATE

22218 W- 42610

5/17/00

\*\* DUPLICATE \*\*

ACCT. NO.

<sup>1回闭图4</sup>SALES CLASS

CS

PAGE

STAGE STORES, INC.

MARK

P O BOX 35668

HOUSTON, TX 77235

J O B STAGE

A D D

FIVE LAKES CENTRE FAIRMONT, MN 56031

REMARKS:

10/ NET DUE 30 DAYS

Job: COMMERCIAL SERVICE - NO

INSTALLED FILTERS IN ROOFTOP UNITS.

Qty U/M

16 EA.

6 EA.

Description

16X20X2 PLEATED FILTER

24X24X2 PLEATED FILTER

\_\_Price\_

Extended

4.38 6.15 70.08 36.90

Technician

Extended 45. ØØ

CHRIS MEYER

YOU MAY DEDUCT \$3.04, IF YOU REMIT BY 5/27/00, FULL AMOUNT DUE THEREAFTER.

INVOICE TOTALS

MATERIAL LABOR

106.98 45.00

Ø., ØØ.

TAX INVOICE  $Q_{*}Q_{0}$ 

151.98



REFERENCE NO.
DATE

22238 W- 42584

E 5/16/00

\*\* DUPLICATE \*\*

ACCT, NO.

1 ③闭③4 SALES CLASS

CS

PAGE

B I L

STAGE STORES, INC.

MARK

P O BOX 35668

HOUSTON, TX 77235

STAGE

**.** 

FIVE LAKES CENTRE FAIRMONT, MN 56031

REMARKS:

念が 107 NET DUE 30 DAYS

Job: COMMERCIAL SERVICE - NO

CHECKED ROOFTOP UNITS AGAIN FOR WATER LEAKAGE - FOUND NO LEAKS.

Technician CHRIS MEYER

BRAD MALMANGER

Extended

60.00

60.00

YOU MAY DEDUCT \$2.40, IF YOU REMIT BY 5/26/00, FULL AMOUNT DUE THEREAFTER.

INVOICE TOTALS

MATERIAL LABOR

0.00 -----

120.00

Z) . (Z)(Z)

TAX INVOICE

0.00 120.00

## STAGE - MAINTENANCE Stage Stores Inc.

## **WORK ORDER**

Work Order #: W000032848

Date: 05/16/2000

Trade: HVAC/Capital

Not To Exceed Amt: \$

500.00

Responsible/Contact:

Vendor ID: 0012056

Total Comfort Systems Company:

Address:

P.O. Box 467

300 Downtown Plaza

City:

**Fairmont** 

State: Zip:

MN 56031

Attn:

**Total Comfort System** 

Phone: Fax:

(507) 235-5278 (507) 235-8090 Address: P. O. Box 35668

City:

Houston

TX State:

77235 Zip:

(713) 218-4470 Phone:

Priority: High

Status: Repair Scheduled

0497 Store Number:

Store Name:

Fairmont, Minnesota

Address:

308 1/2 S. State St.

City:

Fairmont MN

State:

56031

Zlp: Phone:

(507) 235-3700

Work Description

05/16/2000 14:31:40 (SA)

Store called - store needs filters installed. Scheduled Total Comfort - sending tech

Reported/Issued by:Kim

out today